NERALS DEPARTMENT NE

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	1760	Γ_{-}	
DISTRIBUTION			
BANTA FE			<u> </u>
FILE		<u> </u>	!
u.s.c.s.		!	
LAND OFFICE		!	
TRANSPORTER	OIL		L_
	GAS	<u> </u>	
OPERATOR		!	L_
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

	LAND OFFICE								
	TRANSPORTER GAB	AND ALITHODIZATION TO TRANSPORT OIL AND NATURAL CAS							
I.	Operator								
	SOLAR PETROLEUM, I	NC.		·-					
	999 18th St., #130	0. Denver, CO 80202	Other (Pleas	e explain)					
	Reason(s) for filing (Check proper box) Change in Transporter of:								
	Recompletion	OII Dry G	ias 🔲						
	Change in Ownership	Casinghead Gas Conde	ensate						
	If change of ownership give name and address of previous owner	Hicks Enco, Inc., 2313	Santiago Ave., F	armington	, NM 874	01			
Œ.	DESCRIPTION OF WELL AND	LEASE of Well No. Pool Name, Including I	Formation	Kind of Leas	e	70 V CY 104	Lease No.		
	Lease Name Navajo Tribe Indians 'F'	Jo Tribe of					-603-203		
	Location Unit Letter M : 5	660 Feet From The South Li	ne and 660	Feet From	The West				
		ownship 31North Range	17West , ммр	u, San	Juan		County		
	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	AS						
H.	Name of Authorized Transporter of Oi	or Condensate	Madiese fothe maniese				e sent)		
	Ciniza Pipeline, I	NC.	P.O. Box 1887, Bloomfiel Address (Give address to which approv		id, NM 87413				
	Name of Authorized Transporter of Co	de inqueda Gas or Diy Gas	Actives (O.Se 200/es						
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 10 31N 17W	Is gas actually connec	ted? Wh	en 				
	If this production is commingled w	ith that from any other lease or pool,	give commingling orde	r number:					
V.	COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen	Plug Back	Same Restv.	Diff. Res'v.		
	Designate Type of Completi	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		<u>:</u>		
	Date Spudded	Date Compi. Ready to Piod.	10,00						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation				Tubing Depth			
	Perforations			Depth Casin	g Shoe				
			DEPTH S		SA	CKS CEMEN			
	HOLE SIZE	CASING & TUBING SIZE							
			 						
			<u> </u>		1				
V.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after recovery of total vol epth or be for full 24 how	**)		ual to or exce	red top allow		
OIL WELL Date First New Oil Run To Tanks Date of Test		Producing Method (Flo	w, pump, gas li	ft, etc.)					
	Length of Test	Tubing Pressure Casing Pres		ling Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.		Gas-MCF				
					1				
	GAS WELL	AS WELL Length of Test		Bbls. Condensate/MMCF		Gravity of Condensate			
	Actual Prod. Test-MCF/D	Length of 1 est							
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shu		Choke Size				
7. CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation		OIL C	ONSERVATION 3	rion divis 198 2	ION				
		APPROVED	Original Signed by FRANK T. CHAVEZ						
I hereby certify that the rules and that the information given Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.									
			TITLESUPERVISOR DISTRICT # 3						
	(L/11/1/1/	David S. Cushman	This form is t	o be filed in	compliance w	ith RULE 1:	104, or despense		
	Davis 11.sh	David 3. Custillati	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation well, this form must be accompanied by a tabulation of the deviation						

Staff Petroleum Engineer October 26, 1982

(Date)

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.